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95 SOUTH MARKET ST., SUITE 420 **SAN JOSE, CA 95113**

TELEPHONE (408) 971-2573 FAX (408) 971-4660

FAX COVER SHEET

Date:	December 22, 2004	Phone Number	Fax Number	
To:	Examiner C. Laforgia		(703) 872-9306	
From:	Kevin J. Zilka			
Docket No.: NAI1P090/00.176.01		App. No: 09/836,238		

Total Number of Pages Being Transmitted, Including Cover Sheet: 17

Message:		
Please deliver to Examiner Laforgia.		
Thank you, Kevin J. Zilka	;	

Original to follow Via Regular Mail X Original will Not be Sent Original will follow Via Overnight Courier

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> IF YOU DO NOT RECEIVE ALL PAGES OR IF YOU ENCOUNTER ANY OTHER DIFFICULTY, PLEASE PHONE ______Erica______
> AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

SVIPG

PATENT

CENTER

2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	<u> </u>			_			RECEIVE	
In re the appli	cation of)				CENTRAL FAX C	.U FN
Dinsmore e	t al.) (Group Art Unit: 26	61		DEC 2 2 20)04
Application N	No. 09/836,23	8))	Examiner: Laforgia	, C.			
Filed:	04/18/2001)	Docket No. NAIIPO	90_00.1	76.01		
For: SYSTEM KEY DISTRI TREE	M AND METHO BUTION IN A	OD FOR HIERARCHI) CAL))	Date: December 22,	, 2004			
			I I sheet man	CFRTIFICATE OF FACSIM nits that this correspondence examined VA 22313-1459 at Erica L. Farlow	is freing facs	imile transminher: (703) 87	ated to the Commissioner for 12-9306 on the above date.	
Commissione P.O. Box 1450 Alexandria, V								
Sir:								
Transm	itted herewith is	an amendment	in the abov	ve-identified applicati	on.			
	has been calcula							
	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENT RATE FEE	ITY 	OR	LARGE ENTITY RATE FEE	
TOTAL CLAIMS	_30 -	_25	05	_ X25 = \$	OR	X50 =	\$ 250	
INDEP CLAIMS		05	_00	X100 = \$	OR	X200 =	\$0	
[] Multiple Dependent Claim Present				\$0			\$0	
and Fee Not	Previously Paid		TOTAL	\$			\$ <u>250.00</u>	
	Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351. Enclosed is our Check No. in the amount of \(\subseteq \) to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NAI1P090). A copy of this sheet is enclosed for billing purposes.							
								•

Respectfully submitted, Zilka-Kotab, PC

gistration No. 41,429

P.O. Box 721120 San Jose, CA .95172-1120 Telephone: (408) 971-2573

(Revised 1796)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the appl	ication of)				
Dinsmore e	et al.) Gro	up Art Unit: 26	61	4 7	en dy
Application 1	No. 09/836,23	8) Exa	miner: Laforgia	, C.		
Filed:	04/18/2001) Doc	ket No. NAI1P(090_00.1	76.01	
For: SYSTE! KEY DISTR TREE	M AND METH IBUTION IN A	OD FOR HIERARCHI) CAI.) Date)	e: December 22,	2004		
			I hereby certify Putents, Alexand Signed:	TFICATE OF FACSIM hal this correspondence rid VA 22313-1450 or Erica L. Farlow	is being fact acsimile nu	simile transmi mbdr: (703) 8	Itted to the Commissioner for 72-9306 on the above date.
Commissione P.O. Box 1450 Alexandria, V				Litta L. Tanov			
Sir:	•						
				entified application	on.		
The fee	has been calcula	ated as shown b	elow.				
	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENT RATE FEE	ITY	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS INDEP		25	_ 05	X25 = S	OR	X50 =	\$ 250
CLAIMS	05	05	_00	X100 = \$	OR	X200 =	\$0
	pendent Claim Pre	sent		\$0			\$0
and Fee Not Previously Paid		ΤΌΤΛΙ	\$			\$ <u>250.00</u>	
	Applicant(s) is required, A charge the rec	pelieve that no Expelicant(s) herebuired fees for an	ctension of Time y petition that su Extension of Tit the amount of \$1	ch an extension be ne under 37 CFR 1 to cover the additio	er, if it is o granted ar .136 to Do nal claim	determined and authorize posit Acco fee and/or	that such an extension e the Commissioner to
×	please charge	such fees or creathers is such fees or creathers the such fees or creathers is enclosed f	lit any overpaym	ent to Deposit Acco	ount No. 5	<u>0-)351</u> (O	rder No. NAI 1P090). A
	,		Zill	pectfully submitt A-Kotab PC	ed,		
San J	Box 721120 Jose, CA 95172- phone: (408) 97			gistration No. 41,	429		

(Revised 17%)